

## Application Data Sheet

### Application Information

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	NOVEL FLUTICASONE FORMULATIONS
<b>Attorney Docket Number::</b>	029318-1001
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	
<b>Total Drawing Sheets::</b>	0
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### Applicant Information

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Douglas
<b>Family Name::</b>	Hovey
<b>City of Residence::</b>	Trooper
<b>State or Province of</b>	Pennsylvania
<b>Residence::</b>	
<b>Country of Residence::</b>	US
<b>Street of mailing address::</b>	19 North Midland Avenue

**City of mailing address::** Trooper  
**State or Province of mailing address::** Pennyslvania  
**Postal or Zip Code of mailing address::** 19403

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Tuula  
**Family Name::** Ryde  
**City of Residence::** Malvern  
**State or Province of Residence::** Pennsylvania  
**Country of Residence::** US  
**Street of mailing address::** 54 Lloyd Avenue  
**City of mailing address::** Malvern  
**State or Province of mailing address::** Pennyslvania  
**Postal or Zip Code of mailing address::** 19355

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** H. William  
**Family Name::** Bosch  
**City of Residence::** Bryn Mawr  
**State or Province of Residence::** Pennsylvania  
**Country of Residence::** US  
**Street of mailing address::** 237 Rodney Circle  
**City of mailing address::** Bryn Mawr

**State or Province of mailing address::** PA  
**Postal or Zip Code of mailing address::** 19010

### Correspondence Information

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

### Representative Information

<b>Representative Customer Number::</b>	22428	
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### Domestic Priority Information

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/444,626	02/04/2003

### Foreign Priority Information

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

### Assignee Information

**Assignee name::** Elan Pharma International Ltd.